

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

## ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Division Of Medicaid		CONTACT PERSON Emily Thompson	TELEPHONE NUMBER 601-359-4122	
ADDRESS 550 High Street, Suite 1000		CITY Jackson	STATE MS	ZIP 39201
EMAIL Emily.thompson@medicaid.ms.gov	SUBMIT DATE 6/7/10	Name or number of rule(s): 2010-013		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: \_\_\_\_\_

No Deficit is projected at this timeSpecific legal authority authorizing the promulgation of rule: Miss. Code Ann. §43-13-121(1972), as amended §43-13-117List all rules repealed, amended, or suspended by the proposed rule: State Plan Attachment 4.19-B, Page 12c

## ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

## ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

## TEMPORARY RULES

\_\_\_\_ Original filing  
 \_\_\_\_ Renewal of effectiveness  
 To be in effect in \_\_\_\_ days  
 Effective date:  
 \_\_\_\_ Immediately upon filing  
 \_\_\_\_ Other (specify): \_\_\_\_\_

## PROPOSED ACTION ON RULES

Action proposed:  
 \_\_\_\_ New rule(s)  
 \_\_\_\_ Amendment to existing rule(s)  
 \_\_\_\_ Repeal of existing rule(s)  
 \_\_\_\_ Adoption by reference  
 Proposed final effective date:  
 \_\_\_\_ 30 days after filing  
 \_\_\_\_ Other (specify): \_\_\_\_\_

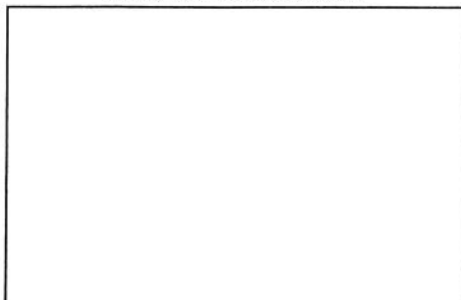
## FINAL ACTION ON RULES

Date Proposed Rule Filed: \_\_\_\_\_  
 Action taken:  
 \_\_\_\_ Adopted with no changes in text  
 \_\_\_\_ Adopted with changes  
 \_\_\_\_ Adopted by reference  
 X \_\_\_\_ Withdrawn  
 \_\_\_\_ Repeal adopted as proposed  
 Effective date:  
 \_\_\_\_ 30 days after filing  
 \_\_\_\_ Other (specify): \_\_\_\_\_

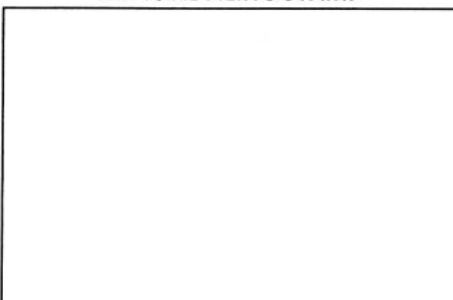
Printed name and Title of person authorized to file rules: Robert Robinson

Signature of person authorized to file rules: \_\_\_\_\_

## OFFICIAL FILING STAMP

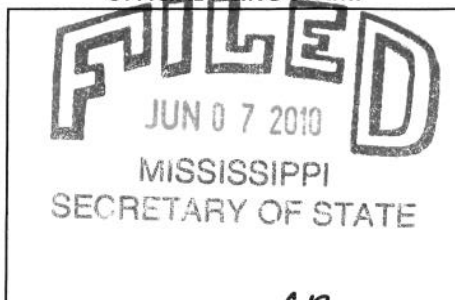


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The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.